United STATES District Court Northorn District Of California

United State Of America Plaintiff

FILED

AUG 2 1 2008

CLERK, U.S. DISTRICT COURT/ RTHERN DISTRICT COURT/ Judicips Intervention for AN Order Let issues ON WARDEN A. AL, And Legal Agents to provide Defendant with Certified Copy of Tanist Account Purs. to Court Order (Eubani 28 U.S. C. & 1651, L-821 (D), \$1915, -67), F.LC. P. & 11-110, 72-303, 83-183, 78-230(m) (Incerprete)

CUNG# LV-08-3835-MHPPE

Notice of Motion for

Anthoney R. Turneell Defendant.

Defice of the Clerk, Howardble Tustice(s) and
Attacking General "Lespect Fully"

That I (Inchang R. Tunxer) and the Defend

Ant in this (Cause of Heticu) pursuas 5- Motion

Attacking illegal Lestaniant (28 U.S.C. A. 82255).

That and thug. 11, 2008) This Court issued and

Dader on Defendant to Provide a Centified

Prison Trust Account Sheet, for the Court's

personal Verification of Indigency for

the LAST (12-months).

The Subordinate guards of (D.V.I.)

WARDEN (Steve Moore) and his Librarian

STATED (they) are not in Compliance

to Gilmore V. California (2000), and will

Not provide me physical access to the Prison LAW Library to obtain Copies, to do Legal RESEARCH, NOR PROVIDE LAW BOOKS NOK A PAGING System And I Am Locked in my Cell for- 24 hrs. A DAY (7-days) A WEEK IN CELL HEAT OVER 100 % DEGREES NO AIR--Condition in NONE of the Cells, NO EXERCISE outside the Cells Daily, And That ASA RECEptional Center PRISONER ITWILLNOT be provided by STAPP personnel no legAl ASSISTANCE NOR PREPARATIONS tO EXECUT this Count's Order! STATED by The WARD -EN'S SUBORGIASATES AND LEGAL AGENTS OF D.V. I. PRISON RECEption AL CENETER. That I Defendant have Completed All the QUESTIONS ON THE IXCH PAUDERIS FORM, And the LEGAL Refused to Centify My Trust Account is the only Authority that Can Enforce of the Wandew of D.V.I.) Andhis Agent to Comply AVE EXPANS +Ed my REMEDIES AND REBUISTS by going to the Above NAME STAFF AND WARDEN THREW REQUESTIN the Hamixustrative System. This PRISON is OVER in Capo Acity by 1,500-inmates = 5000 ixma This prison holds 3,500 inmates, to inshum moe loxaditiones being Subject tation because I Am SEE RELEASE FROM illegAL RESTRAINT, without Due PROCESS of LAW NOR ASSISTANCE.

4)

5)

6)

7)

Wherefore, Defendant Peaus for Judicial Intervention and Entoppement of this Court's own orders on Warden of (D.V.I.) STEVE Moore) et. al. tolomply to ASSISTANCE And PREPARTIONS in this Court's Order (8/11/08) Defendant has provided this Court With me Interma Pauperis that WAS granoted in the LAST (12-Months, by the EASTERN DESTRICT COURT, of SACRAMENTO, CA. Defendant Panys this Court Instruct the Wanders mad his dept. Employees to Conform to this Courts. Order und provide Defendant (Anothory R. TURNER) with the Legal 48818 FANCE AND PREPARATIONS Need to Execute the Courts Order in full and obtain Relief from IllegAl RESTRAINCE of his wheely. Doted: Aug. 16, 2008) Respect full, x Suthough Turner Verification

I AM the Defendant in this Hetion puls \$2255-Motions, I have Lead the STATE MENTS hepeins, and declare under lengthy of Penjuly that upon inopmation and belief, these Statements are true and Connect. Dated: 8/11/08 Hutton R. Turns

	1
	3
5	E-filing
7	1
8	dfp.
9	NORTHERN DISTRICT OF CALIFORNIA
10	
11	Plaintiff, CASE NO.
12	vs.) PRISONER'S APPLICATION TO PROCEED
13	Anthony R. TURNER } IN FORMA PAUPERIS
14	#G-27511 Defendant.)
15 16	I, But though R. Turner declare, under penalty of perjury that I am the
17	plaintiff in the above entitled case and that the information I offer throughout this application
18	is true and correct. I offer this application in support of my request to proceed without being
19	required to prepay the full amount of fees, costs or give security. I state that because of my
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21	entitled to relief.
22	In support of this application, I provide the following information:
23	1. Are you presently employed? Yes No
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the
25	name and address of your employer:
26	Gross: Net:
27	Employer:
28	

	If the answer is "no," state the date of last employment and the amount of the gross and net			
:	salary and wages per month which you received. (If you are imprisoned, specify the last			
:	place of employment prior to imprisonment.)			
4				
4				
ć				
7	2. Have you received, within the past twelve (12) months, any money from any of the			
8	following sources:			
9	a. Business, Profession or Yes No Self employment b. Income from stocks, bonds, Yes No			
10	self employment			
11	b. Income from stocks, bonds, Yes No			
12	II or rounition'			
13	c. Rent payments? Yes No			
14	c. Rent payments? d. Pensions, annuities, or life insurance payments? e. Federal or State welfare payments, Yes No			
15	life insurance payments?			
16	e. Federal or State welfare payments, Yes No			
17	Social Security or other govern-			
18	ment source?			
19	If the answer is "yes" to any of the above, describe each source of money and state the amount			
20	received from each.			
21	J			
22				
23	3. Are you married? Yes No			
24	Spouse's Full Name: N/A			
25	Spouse's Place of Employment:			
26	Spouse's Monthly Salary, Wages or Income:			
27	Gross \$ NA Net \$ Net \$			
28	4. a. List amount you contribute to your spouse's support:\$			

1	b. List the persons other than your spouse who are dependent upon you for
2	support and indicate how much you contribute toward their support. (NOTE
3	For minor children, list only their initials and ages. DO NOT INCLUDE
4	THEIR NAMES.).
5	X/A
6	
7	5. Do you own or are you buying a home? Yes No
8	Estimated Market Value: \$ Amount of Mortgage: \$
9	6. Do you own an automobile? Yes No
10	Make
11	Is it financed? Yes MANO A/A If so, Total due: \$
12	Monthly Payment: \$
13	7. Do you have a bank account? Yes No (Do not include account numbers.)
14	Name(s) and address(es) of bank:
15	
16	Present balance(s): \$
17	Do you own any cash? Yes No Amount: \$
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
1,9	market value.) Yes No
20	
21	8. What are your monthly expenses?
22	Rent: \$ Utilities:
23	Food: \$ Clothing:
24	Charge Accounts:
_25	Name of Account Monthly Payment Total Owed on This Acct.
26	\$ \$ \tag{\text{\$}}
27	<u> </u>
28	<u> </u>

1	9. Do you have any other debts? (List current obligations, indicating amounts and to
2	whom they are payable. Do <u>not</u> include account numbers.)
3	<u> </u>
4.	
5	10. Does the complaint which you are seeking to file raise claims that have been presented
6	in other lawsuits? Yes No
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8	which they were filed.
9	(0) Active under LitigAtion: U.S. EAST. Dist. CourtCiv. 2:07-0
0	- <u>00072-LKK-66tt,5-08-1568-EFB;B-07-0990-666</u> 6-66H-P;S-07-1461 -DAD-P,'S-07-00048-68B-CMK-P;'2;'07-CV-00730-DF1-DAD.
1	I consent to prison officials withdrawing from my trust account and paying to the court
2	the initial partial filing fee and all installment payments required by the court.
3	I declare under the penalty of perjury that the foregoing is true and correct and
4	understand that a false statement herein may result in the dismissal of my claims.
5	0/11/00 MA NT
5	0/16/00 Thenony K. Jurner
7 ∥	DATE SIGNATURE OF APPLICANT
3	
`∥	
Ш	

1	
2	Case Number:
3	
4	
5	
6	
7	
8	CERTIFICATE OF FUNDS
9	IN PRISONEDIS A CCONTES
10	PRISONER'S ACCOUNT
11	
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
12 13	statement showing transactions of for the last six months [prisoner name]
12	statement showing transactions of for the last six months where (s)he is confined.
12 13	statement showing transactions of for the last six months [prisoner name] where (s)he is confined. [name of institution] I further certify that the average deposits each month to this prisoner's account for the
12 13 14	statement showing transactions of for the last six months [prisoner name] where (s)he is confined. [name of institution] I further certify that the average deposits each month to this prisoner's account for the
12 13 14 15	statement showing transactions of for the last six months [prisoner name] where (s)he is confined. [name of institution] I further certify that the average deposits each month to this prisoner's account for the
12 13 14 15 16	statement showing transactions of for the last six months where (s)he is confined. I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ and the average balance in the prisoner's
12 13 14 15 16	statement showing transactions of for the last six months where (s)he is confined. I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ Dated:
12 13 14 15 16 17	statement showing transactions of for the last six months where (s)he is confined. [name of institution] I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ and the average balance in the prisoner's account each month for the most recent 6-month period was \$
12 13 14 15 16 17 18	statement showing transactions of
12 13 14 15 16 17 18	statement showing transactions of
112 113 114 115 116 117 118 119 120	statement showing transactions of for the last six months where (s)he is confined. I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ Dated:
12 13 14 15 16 17 18 19 20 21 22 23	statement showing transactions of
12 13 14 15 16 17 18 19 20 21 22 23 44	statement showing transactions of
12 13 14 15 16 17 18 19 20 21 22 23 44 55	statement showing transactions of for the last six months where (s)he is confined. I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ Dated: [Authorized officer of the institution]
12 13 14 15 16 17 18 19 20 21 22 23 34 45 56	statement showing transactions of
12 13 14 15 16 17 18 19 20 21 22 3 3 4 4 5 6 7	statement showing transactions of for the last six months where (s)he is confined. I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ Dated: [Authorized officer of the institution]
12 13 14 15 16 17 18 19 20 21 22 23 34 45 56	statement showing transactions of

- 5 -

Good cause appearing therefore, IT IS HEREBY ORDERED that:

- 1. The Chief Commander of the Yolo County Detention Facilities or a designee shall collect from plaintiff's trust account an initial partial filing fee in the amount of \$4.00 and shall forward the amount to the Clerk of the Court. Said payment shall be clearly identified by the name and number assigned to this action.
- 2. Thereafter, the Chief Commander of the Yolo County Detention Facilities or a designee shall collect from plaintiff's trust account the \$346.00 balance of the filing fee by collecting monthly payments from plaintiff's trust account in an amount equal to twenty percent (20%) of the preceding month's income credited to the prisoner's trust account and forwarding payments to the Clerk of the Court each time the amount in the account exceeds \$10.00 in accordance with 28 U.S.C. § 1915(b)(2). The payments shall be clearly identified by the name and number assigned to this action.
- 3. The Clerk of the Court is directed to serve a copy of this order and a copy of plaintiff's signed in forma pauperis affidavit on the Chief Commander of the Yolo County Detention Facilities, 2500 East Gibson Road, Woodland, CA 95776.
- 4. The Clerk of the Court is directed to serve a copy of this order on the Financial Department of the court.

DATED: October 9, 2007.

DALE A. DROZD

UNITED STATES MAGISTRATE JUDGE

DAD:9 turn1461.yolo Case 3:08-cv-03835-MHP Document 4 Filed 08/21/2008 Page 11 of 15 MIME-Version:1.0 From:ca _cmecf_helpdesk@caed.uscourts.gov

To:caed_cmecf_nef@localhost.localdomain Message-Id: Subject:Activity in Case 2:07-cv-01461-GEB-DAD (PC) Turner v. Prieto et al Order Content-Type: text/html

NOTE TO PUBLIC ACCESS USERS There is no charge for viewing opinions.

U.S. District Court

Eastern District of California - Live System

Notice of Electronic Filing

The following transaction was entered on 8/1/2007 at 3:20 PM PDT and filed on 8/1/2007

Case Name:

(PC) Turner v. Prieto et al

Case Number:

2:07-cv-[46]

Filer:

Document Number: 3

Dacket Text:

ORDER signed by Judge Dale A. Drozd on 8/1/07 ORDERING Plaintiff to submit within the system of the \$350.00 filing fee or a properly completed IFP form. Clerk to send plaintiff new IFP form. (Attachments: # (1) IFP Form)(Anderson, J)

2:07-cv-1461 Electronically filed documents will be served electronically to:

2:07-cv-1461 Electronically filed documents must be served conventionally by the filer to:

Anthony Richardo Turner 0610061 Monroe Detention Center 2420 East Gibson Road Woodland, CA 95776

The following document(s) are associated with this transaction:

STATES DISTRICT COURT Page 12 of 15 APPLICATION TO PROCEED Plaintiff IN FORMA PAUPERIS BY A PRISONER CASE NUMBER: CIV. 2:09-CV-01461-623-DAD. Defendant(s) , declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I ceclare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint. In support of this application, I answer the following questions under penalty of perjury: No (If "No" DO NOT USE THIS FORM) X Yes 1. Are you currently incarcerated: If "Yes" state the place of your incarceration. Montoe Sheeiff's Dept, Detertion Cartely Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months. ☐ Yes **M** No 2. Are you currently employed? If the answer is "Yes" state the amount of your pay. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer. 3. In the past twelve months have you received any money from any of the following sources? a. Business, profession or other self-employment ☐ Yes **A** No Rent payments, interest or dividends ☐ Yes ZNo. c. Pensions, annuities or life insurance payments ☐ Yes d. Disability or workers compensation payments SVNo. ☐ Yes e. Gifts or inheritances X Yes □ No

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

☐ Yes

Z No

ifpform.non-hab (rev. 7/02)

f. Any other sources

Case	\$:08-cv-03835-MHP Document 4 Filed 08/21/2008 Page 13 of 15
4. Do you have cas	sh or checking o. vings accounts?
If "Yes" state the	total amount;
5. Do you own any	real estate, stocks, bonds, securities, other financial instruments, automobiles or other
valuable property?	□ Yes No
If "Yes" describe	the property and state its value.
6. Do you have any	y other assets?
	asset(s) and state the value of each asset listed.
7 Tiet the nemone	
how much you con	who are dependent on you for support, state your relationship to each person and indicate ribute to their support.
	No
I hereby aut	horize the agency having custody of me to collect from my trust account and forward to the
Clerk of the United	States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).
I declare un	der penalty of perjury that the above information is true and correct.
52 / - a /	Fultony R. Turner
8-6-07 DATE	COLONATIDE OF ARRIVANT
DAIL	SIGNATURE OF APPLICANT
	CERTIFICATE
	(To be completed by the institution of incarceration)
I certify that	the applicant named herein has the sum of \$ on account to his/her credit at
MONROE DETEN	THE SUPPARTMENT (name of institution). I further certify that during the past six months
4	
the applicant's aver	age monthly balance was \$ 10.00. I further certify that during the past six months the
average of monthly	deposits to the applicant's account was \$ 20.00.
(Please attach a cermonths.)	tified copy of the applicant's trust account statement showing transactions for the past six
8-6-07	PURCEU #407
DATE	SIGNATURE OF AUTHORIZED OFFICER
ifpform.non-hab (rev. 7.	/02)



1, Color 95778-0600 Passon FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC POSTAGE WILL BE PAID BY UNITED STATES COURTS **BUSINESS REPLY MAIL**

RICT COURT PEN GATE AVE

NCISCO CA 94102-9680 86060

*

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

